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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Doctor Number 6		
CLAIMS AS FILED - PART I (Column 1) . (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
Г	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))							1	OR		ş
	AL CLAIMS CFR 1.18(c))		minus 20				x s =		OR	x s_ =	
IND	EPENDENT CLAS	MS	minus 3 =				X 5 =		OR	x s =	
MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.16(d))							+ 8=		OR	+3	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	L	OR	TOTAL	
CLAIMS AS AMENDED - PART II											
	to /14/8	(Column 1)		(Column 2)	(Column 3)		SMALL	NTITY	OR	OTHER SMALL	R THAN ENTITY
٧	1111	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADD1+
눌		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		• 77	TIONAL FEE			TIONAL FEE
AMENDMENT	Total (30 CFR 1.16(e))	15	Minus	- 20	•		X \$=		08	x \$=	
N	independent (07 CFR 1.16(b))	3	Minus	J	-		x s=		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.18(d))							+5 =		OR	+: •	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1/13/05							AUDEFEE				
<i>v</i>	1101	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)						
JT B		REMAINING AFTER	·	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID FOR				FEE			FEE
Š	(37 CFR 1.16(c)) Independent	· 11	Minus	- <u>- 10</u>	= /		X \$. (7)	OR	X 5=	
ME	(37 CFR 1.15(b))	7		GO.			X 8=	<i>₹00</i>	OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =	100	OR	+s =	
	1/01	1/15					ADD'L FEE		OR	ADD'L FEE	
	0/26	(Column 1)		(Column 2)	(Cotumn 3)						
MTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (D) CFR 1.18(c))	16.	Minus	- 20	- (X 8=		OR	.x s=	
Ä	Independent (37 CFR 1.18(b))	·H	Minus	H			x s=		OR	X 8=	
A	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.15(0)		+:		OR	+: -	
100							TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
" if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includical case. Any comments on the amount of time you require to complete, this form antitor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD 10: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.